

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		1				
12	1	1				
13		2				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20	1	1				
21		1				
22		1				
23		1				
24		2				
25		2				
26		2				
27		2				
28		2				
29		1				
30		1				
31		1				
32	1	1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	5					
TOTAL DEP.	66					
TOTAL CLAIMS	71					

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55	1	1				
56		1				
57		1				
58		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						